

In re _____  Debtor.	Case Number: _____  (If Known)
----------------------------	--------------------------------------

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home) \$ \_\_\_\_\_

Are real estate taxes included? Yes \_\_\_\_\_ No \_\_\_\_\_

Is property insurance included Yes \_\_\_\_\_ No \_\_\_\_\_

Utilities Electricity and heating fuel

Water and sewer \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Home Maintenance (Repairs and Upkeep) \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Laundry and dry cleaning \$ \_\_\_\_\_

Medical and dental expenses \$ \_\_\_\_\_

Transportation (not including car payments) \$ \_\_\_\_\_

Recreation, clubs and entertainment, newspapers, magazines, etc. \$ \_\_\_\_\_

Charitable contributions \$ \_\_\_\_\_

Insurance (not deducted from wages or included in home mortgage payments) \$ \_\_\_\_\_

Homeowner's or renter's \$ \_\_\_\_\_

Life \$ \_\_\_\_\_

Health \$ \_\_\_\_\_

Auto \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Taxes (not deducted from wages or included in home mortgage payments) \$ \_\_\_\_\_

(Specify) \_\_\_\_\_ \$ \_\_\_\_\_

Installment payments (In chapter 12 and 13 cases, do not list payments to be included in the plan) \$ \_\_\_\_\_

Auto \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Alimony, maintenance, and support paid to others \$ \_\_\_\_\_

Payments for support of additional dependents not living at your home \$ \_\_\_\_\_

Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** (Report also on Summary of Schedules)

\$ \_\_\_\_\_

[FOR CHAPTER 12 AND 13 DEBTORS ONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income \$ \_\_\_\_\_

B. Total projected monthly expenses \$ \_\_\_\_\_

C. Excess income (A minus B) \$ \_\_\_\_\_

D. Total amount to be paid into plan each \_\_\_\_\_ \$ \_\_\_\_\_

(interval)